0573

MARYLAND STATE DEPARTMENT OF HEALTH

00564

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Howard Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Woodbine | LENGTH OF STAY (In this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vetsch Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 0352
STREET ADDRESS (If rural, give location) 9 Shady Nook Ave.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Bathgate

4. DATE OF DEATH: (Month) 1/ (Day) 16/ (Year) 54 19

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 12/9/1871 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: At home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Parnell | 14. MOTHER'S MAIDEN NAME: Mary M. Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Miss Genevieve Bathgate

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
44.2 Immediate cause	(a) Acute Uremia	2 da
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Interstitial Nephritis	? yrs
	(c) Cardio-Vascular-Renal disease	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1953, to Jan. 16, 1954, that I last saw the deceased alive on Jan. 16, 1954, and that death occurred at 8:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. Stanley Grabill M.D. | Mt Airy Md. | 1/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1/19/54 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 1-23-54 | REGISTRAR'S SIGNATURE: Edwin M. Nevill | 24. FUNERAL DIRECTOR | ADDRESS: Mc Nabb & Son, Catonsville 28

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 29 1954
BUREAU V. S

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00565

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup X — LENGTH OF STAY (In this place)	CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Jessup X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Road X	STREET ADDRESS (If rural, give location) Guilford Road

3. NAME OF DECEASED: (Type or Print) (First) LINDA (Middle) LOU (Last) CHAPMAN

4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/24/53

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 8 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Chapman

14. MOTHER'S MAIDEN NAME: Eula Ledbetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: James Chapman, Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

391.2

Immediate cause (a) Otitis media, left

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R S Fisher M. D.

CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan 13, 1954

NAME OF CEMETERY OR CREMATORY Savage Cemetery

LOCATION (City, town, or county) (State) Savage, Md.

DATE REC'D BY LOCAL REG. 1/13/54

REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR DeWitt Donaldson

ADDRESS Laurel, Md.

20(4)3213404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

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JAN 18 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Ellicott City
LENGTH OF STAY (in this place) 1 night
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #40 at Rogers ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville 0350.2
STREET ADDRESS (If rural, give location) 29 Lincoln Ave.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EVERETT (Last) CLARK

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1954

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-1-1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): make up editor
10b. KIND OF BUSINESS OR INDUSTRY: newspaper
11. BIRTHPLACE (State or foreign country): Roanoke, Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Early Clark
14. MOTHER'S MAIDEN NAME: Anna Callaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-28-6932
17. INFORMANT & ADDRESS: Mrs. Mary Goode Clark 29 Lincoln Ave. - Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812 X

Immediate cause (a) Compound Fracture of Skull — INTER... ONSET AND ... instan...

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. multiple fractures — instant.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route 40
21c. (City or town) ELLICOTT CITY (County) HOWARD (State) Md.

21d. TIME OF INJURY (Month) 1 (Day) 23 (Year) 54 (Hour) 4:25 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 1
21f. HOW DID INJURY OCCUR? Deceased was walking on Route 40, struck by auto.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan. 29 1953
NAME OF CEMETERY OR CREMATORY Arbutus Memo Pk.
LOCATION (City, town, or county) Baltimore Co. (State) Md.

DATE REC'D BY LOCAL REG. 1-25-54
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR Holland Funeral Home 63 Druid Hill Ave.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

F-0578

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0567

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Laurel MD; LENGTH OF STAY (in this place) Unknown; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allen's Flamingo Restaurant Baltimore Blvd 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel - Rural 16X-2; STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) WINFIELD (Middle) GEORGE (Last) EPLER

4. DATE OF DEATH: (Month) JAN. (Day) 18 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Nov. 7/1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CHECKER RAISER

10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED

11. BIRTHPLACE (State or foreign country): CAMDEN, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WINFIELD SCOTT EPLER

14. MOTHER'S MAIDEN NAME: MARY CUNNINGHAM

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS ALICE E. CRAMER - 15 ARMAT DR. BETHESDA MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY CONGESTION — Interval Between Onset And Death: 2 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac decompensation

DUE TO

(c) Aortic stenosis

421.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1953, to Jan 17, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at approx 6 AM, Jan 18, 1954, from the causes and on the date stated above.

SIGNATURE: Dawn V. Weaver Jr. (Degree or title) M.D. ADDRESS: 305 Anne Geo. St. Laurel, Md. DATE SIGNED: Jan 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Jan 22/1954 — NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Jan. 20, 1954 — REGISTRAR'S SIGNATURE Blanks Shipley

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS Riverdale MD

198- 1/22/54-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge X — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowridge Ave. X	STREET ADDRESS (If rural give location) Meadowridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (LOUIS) (Last) HERBERT

4. DATE OF DEATH: (Month) (Day) (Year) 1-27-54 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	1903	51 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	?	Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		705-12-5308	Elizabeth Herbert, Elkridge, Md.

3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Acute Pulmonary Tuberculosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr Myocarditis

DUE TO

(c)

Interval Between Onset And Death: 3 Mo; 1 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13 1953, to Jan 27 1954, that I last saw the deceased alive on 1/27, 1954, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr B B Brumbach 5609 Main St Elkridge Md 1/29/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-31-54	St. Stephens	Elkridge, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 29, 1954 — REGISTRAR'S SIGNATURE: (Miss) E. Bird Williams

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethany Lane X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
STREET ADDRESS (If rural give location) Bethany Lane

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) ELIZABETH (Last) JOHNSON

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-16-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Williams

14. MOTHER'S MAIDEN NAME: Theresa Addison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Louis Johnson, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Carcinoma of lung — Interval Between Onset And Death: 2 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes Mellitus — 3 years

260X DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1947, to Jan. 19, 1954, that I last saw the deceased alive on 1-19, 1954, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE George E. Busgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 1-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-21-54 NAME OF CEMETERY OR CREMATORY St. Louis LOCATION (City, town, or county) Clarksville, Md (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 21, 1954 REGISTRAR'S SIGNATURE John B. Loughran. Pu. B.E.L.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural, give location) One Spot

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) EDWARD (Last) PARRON

4. DATE OF DEATH (Month) January (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: January 4, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jessup, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Parron

14. MOTHER'S MAIDEN NAME: Sarah Vicurtis Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Sarah Parron, Jessup

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

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Immediate cause (a) Craniocerebral injury

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Birth injury

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Lovett M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 1/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremated

DATE THEREOF 2/9/54

NAME OF CEMETERY OR CREMATORY Baltimore City Morgue

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2/10/54

REGISTRAR'S SIGNATURE E. Bird Williams

24. FUNERAL DIRECTOR

ADDRESS

js

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A-5-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City X
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Pinel Clinic) Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY York
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McSherrystown,
STREET ADDRESS (If rural give location) 310 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Reynolds

4. DATE OF DEATH: (Month) (Day) (Year) January 15 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4-17-71
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. John Menges 310 Main St. Mc. Sherrystown Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-vascular disease — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to cerebral arteriosclerosis 3 mos

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1953 to Jan 15, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving J. Taylor MD. ADDRESS Taylor Manor Hospital, Ellicott City, Md. DATE SIGNED 1/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-19-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Hanover - York Co. (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Jan. 15, 1954
REGISTRAR'S SIGNATURE John B. Loughran mab.
24. FUNERAL DIRECTOR R B Wiley Manchester ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City rural X; LENGTH OF STAY (In this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Columbia Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Ellicott City rural; STREET ADDRESS (If rural, give location): Columbia Road

3. NAME OF DECEASED (Type or Print): (First) ROSIE (Middle) ANN (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): 1-6-54 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-4-1881

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ira P.Bledsoe

14. MOTHER'S MAIDEN NAME: Polly Ann Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs.Matilda Hood,Ellicott City,Md.

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18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George E. Brumbaugh M.D.

Deputy Medical Examiner for Howard County Ellicott City,Md 1-7-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1-9-54

NAME OF CEMETERY OR CREMATORY: Good Shepherd

LOCATION (City, town, or county) (State): Ellicott City,Md

DATE REC'D BY LOCAL REG.: Jan. 7, 1954

REGISTRAR'S SIGNATURE: John B. Loughran. Pen. B. E. L.

24. FUNERAL DIRECTOR ADDRESS: F.C.Higinbothom,Ellicott City,Md

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JAN 11 1954
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00572

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) THOMAS (Last) WILSON

4. DATE OF DEATH: (Month) 1-15-54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: 7-8-1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor Retired

10b. KIND OF BUSINESS OR INDUSTRY: Howard County School Janitor

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Wilson

14. MOTHER'S MAIDEN NAME: Jane Linn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Jesse Wilson, Highland, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic heart failure — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 5 years

DUE TO (c)

420.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip: benign prostatic hypertrophy 5 yrs

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1940, to Jan 15, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 3 a.m./p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker M.D. — ADDRESS Clarksville Md. — DATE SIGNED 1/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-17-54 — NAME OF CEMETERY OR CREMATORY Hopkins Chapel — LOCATION (City, town, or county) (State) Highland, Md

DATE REC'D BY LOCAL REGISTRAR 1-15-54 — REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR — ADDRESS F.C. Higinbotham, Ellicott City, Md.

RECEIVED
JAN 18 1954
BUREAU V. S.